

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MISSING PROPERTY REPORT

**Immediately notify DDSN's IT Helpdesk (803-898-9767),
if the missing property is a device used to access DDSN data or the DDSN Network**

Section I:

Type of Property: ☐ DDSN Property ☐ Employee's Personal Property

Name of Employee Reporting the Loss or Property Owner (if personal property):

Description of the Missing Property (Provide as much information as possible. Include DDSN Decal number, if applicable):

Date property was last seen, where it was seen, and by whom:

Date property was first discovered missing:

Circumstances leading to the discovery of the missing property:

Actions taken to attempt to recover the missing property:

Section II:

Name and Title of the Person to whom the loss is being reported:

Actions taken in response to report (check if action taken and provide the additional information requested):

☐ DDSN IT Notification:

Name of person who called the Helpdesk:

Date and time of call to Helpdesk:

☐ Internal Investigation:

Date investigation opened and Name of Investigator:

☐ Report made to local law enforcement entity:

Name of entity:

Person making report:

Date of reporting:

Section III:

Follow-up actions taken (check if action taken and provide the additional information requested):

☐ Internal Investigation completed. Attach report of the findings of the investigation.

☐ Report made to local law enforcement entity. Attach report.

☐ Incident reported as Adverse Operational Event as required by DDSN Directive 100-21-DD.

☐ Actions taken to prevent other occurrences. List actions:

Date:

Signature/title of person completing this form

DISTRIBUTION (Indicate to whom copies of this completed form has been sent)

☐ Chief Information Security and Privacy Officer ☐ Director-Internal Audit Division ☐ Director-Finance Division

SOUTH CAROLINA DISABILITIES AND SPECIAL NEEDS

MISSING PROPERTY REPORT

The DDSN Central Office, IT Division, must be notified immediately
of any missing electronic equipment. Fax a copy of this form to: (803) 898-9658

SECTION I:

Date: _____ Building No.: _____ Program: _____ Region: _____

LIST OF PROPERTY (please note if the property listed below includes any electronic devices (i.e., cell phone, IPAD, laptop, USB sticks, etc.), then the IT Security Officer MUST be notified immediately)

QUANTITY	DESCRIPTION	DECAL OR SERIAL NO.	ESTIMATED VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL VALUE			_____

PROPERTY OWNED BY:

☐ DDSN CLIENT (NAME): _____ ☐ DDSN
☐ DDSN EMPLOYEE (NAME): _____ ☐ OTHER (Specify): _____

COMMENTS AND SPECIFIC INFORMATION CONCERNING THIS LOSS (Include how this loss was discovered and where it originated if possible)

DISCOVERED BY: _____ POSITION: _____

REPORTED BY: _____ POSITION: _____

SECTION II: FOLLOW-UP AND PREVENTION (Include remarks and recommendations on how this type of loss could be prevented)

DDSN CENTRAL OFFICE

INFORMATION SECURITY OFFICER: _____ DATE: _____

SECURITY OFFICER: _____ DATE: _____

DISTRIBUTION: Facility Administrator, Security/Safety Officer, DDSN Central Office IT Division,
DDSN Audit, Originating Section Program Administrator